they would avoid medicines unless essential. Only 17% of subjects suggested they would commence medication at the first sign of symptoms. Delays in seeking treatment up to 3 months were reported by 26%, 3–6 months by 13% and >6 months by 24% of respondents. The age of symptom onset for those subjects reporting constipation was 14–19 in 17%, 20–29 in 24%, 30–39 in 17%, and >40 in 23%. Eighteen percent of subjects suggested that some health and personal conditions were too embarrassing to discuss with their doctor. CONCLUSIONS: The results are consistent with the opportunity for improving the role of pharmacy services in managing constipation. Improved service delivery in this sector might reduce the high proportion (68%) seeking medical advice for their condition.

## A Comparison of Treatment Failure Rates Based on Starting Alginate Therapy Observed in a Large Representative Longitudinal UK Database

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**OBJECTIVES:** Alginites are often used first line for gastroesophageal reflux disease (GERD). In the UK many primary care trusts (PCTs) believe alginites to be interchangeable and discriminate between products solely on cost. Consequently several PCTs have implemented alginate substitution initiatives at the level of the prescriber in an attempt to save costs. We sought to evaluate whether PCT guidance suggesting alginate interchangeability was reflected in a large longitudinal representative UK database by comparing alginate switching patterns. **METHODS:** IMS Disease Analyzer data was retrieved in which patients commencing alginate monotherapy were followed for one year from treatment initiation. From the dataset a cohort of 3367 patients commencing therapy between June 1, 2005 and May 31, 2006 were tracked following their first alginate prescription. Switching patterns were analysed using chi-square and proportions tests for the leading alginate brands: Gaviscon Advance (GA) and Peptac. **RESULTS:** During the observation period 2238 and 1129 subjects commenced GA and Peptac, respectively. After one year 87% of people on GA compared with 83% on Peptac were maintained on their initial alginate (p = 0.013). Similar switching rates were found when excessive switchers, defined as more than 5 different interventions in one year, were removed from the dataset (p = 0.04). Significantly higher proportions of subjects on Peptac (4%) switched to an alternative alginate compared with those on GA (2%) (p < 0.005). The frequencies of observed switching at the end of 12 months was different for those started on GA and Peptac in the Pearson’s test of independence (p = 0.039). Furthermore, subjects started on combination GA + proton pump inhibitor (PPI) were more likely to discontinue PPI at 12 months compared with those started on Peptac + PPI at 17% and 8%, respectively (p = 0.016). **CONCLUSIONS:** Significant differences in treatment failure were observed for the leading UK alginate brands. Additionally, patients initiated on GA + PPI were more likely to discontinue their PPI compared with persons treated with PPI + Peptac. These results highlight the importance of considering a broader range of costs and treatment factors impacting patients when introducing product substitution policies.

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**RESULTS OF ALEGRIA, A REAL LIFE EVALUATION OF GERD IMPACT OF SYMPTOM ASSESSMENT IN BELGIUM**

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**OBJECTIVES:** The aim of this study was to gather epidemiological data in a GERD population and to evaluate the added value of the GERD Impact Scale (GIS) as a useful tool for patient management of GERD. The GIS (score range 1–4) is a patient questionnaire designed to aid physicians to identify the appropriate treatment and to evaluate the patient’s response to treatment. **METHODS:** Patients from 296 centers with GERD and esophagitis grade A to D (LA classification) were included. The physician decided at inclusion whether to initiate or change the GERD treatment. Patients’ symptoms treatment changes and GIS were assessed during the study. **RESULTS:** 2001 patients (55 years, 52% female, BMI 26 kg/m²) were included. Median interval between first GERD onset and study entry was 1.2 years. Twenty-five percent never received any treatment, 25% received antacids, 25% H2-receptorblockers, 15% had received empiric PPI therapy and 30% PPI following endoscopy. In 99% of cases, physicians prescribed PPIs (esomeprazole [82%]) with a daily dose of 40 mg. The dose was changed to 20 mg at visit 2 in 60% of patients. The severity of GERD symptoms decreased throughout the study with 89% of patients having moderate or severe GERD in visit1, 31% in visit 2 and 14% in visit 3. Concurrently, the GIS scores decreased significantly (~1.18 for upper GI symptoms, ~1.07 for other related GI symptoms and ~0.96 for the impact on life). GIS scores correlated significantly but moderately with the physician’s clinical judgment and weakly with endoscopy findings. GIS was judged useful for 80% of patients. **CONCLUSIONS:** GIS scores improved with GERD PPI treatment and were judged helpful by the physician. GIS may thus have an added value over these assessments in determining the appropriate treatment and evaluating the patient’s response to this treatment.

**ALEGRIA, A REAL LIFE EVALUATION OF GERD (GASTROESOPHAGEAL REFUX DISEASE) IMPACT OF SYMPTOM ASSESSMENT IN LUXEMBOURG**

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**OBJECTIVES:** The aim of this observational study was to gather epidemiological data not yet available in Luxembourg in a primary care patient population with GERD with a history of erosive esophagitis (~3 years) and to evaluate the supposed added value of the GERD Impact Scale (GIS) as a useful tool for initial and follow-up long-term patient management of GERD. The GIS (score range 1–4) is a novel patient questionnaire designed to aid physicians to identify the appropriate treatment and to evaluate the patient’s response to treatment. **METHODS:** Consecutive patients from 20 study centers with symptomatic GERD with or without esophagitis grade A to D (Los Angeles classification) were included. The physician decided at inclusion whether to initiate or change the GERD treatment. Exclusion criteria included current use of proton pump inhibitors (PPIs). Patients’ symptoms, general evaluation by the physician, treatment changes and GIS were assessed at baseline (visit 1) and visits 2 and 3 (4–6 weeks and 8–14 weeks, respectively). Analyses were performed on an intent-to-treat basis. GIS scores were obtained by the physician at each visit. **RESULTS:** A total of 142
patients with visit 2 data available for ITT analysis (152 patients enrolled) were included (mean age 48 years, 51% female, mean BMI 27 kg/m², 75% sedentary lifestyle). Upon inclusion, 21% had never received any treatment, 44% were receiving, or had received antacids, 21% H2-receptor blockers, 46% had received PPI therapy proton pump inhibitors (PPI) therapy (34% omeprazole, 31 esomeprazole, 21 pantoprazole, 11 rabeprazole, 3 lansoprazole). After visit 1 physicians changed treatment in favor of full-dose PPIs (94% of cases), mainly esomeprazole (75%) and stopped almost all h2-receptors blockers (1%). Seventy-five percent of patients were in acute phase treatment after visit 1 which changed to maintenance treatment phase in 91% of patients after visit 3. There was a concomitant dose reduction of 40 mg to 20 mg for the most prescribed PPI esomeprazole. Forty-percent of patients became The prescribed dose was changed to a median of 20 mg at visit 2 in 32% of patients. The severity of GERD symptoms decreased substantially throughout the study with 84% of patients having moderate or severe GERD in visit 1, 23% in visit 2 and 11% in visit 3. Concurrently, the GIS scores decreased significantly (-1.27 for upper GI symptoms, −0.92 for other related GI symptoms and −0.85 for the impact on life; p < 0.001). The GIS was judged to be helpful for approximately 80% of the patients by the physicians. At all visits, the GIS mean-scores increased markedly with increasing severity of disease (clinical judgment). The correlation between GIS mean-scores and endoscopy findings or the physician’s judgment of the usefulness of the GIS was less pronounced. 

CONCLUSIONS: GIS scores improved with GERD PPI treatment and were judged helpful by the physician. GIS may thus have an added value over these assessments in determining the appropriate treatment and evaluating the patient’s response to this treatment.